

|                                                      |                                                                                     |                             |                                  |                                       |
|------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|----------------------------------|---------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u> | Fraction<br><u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ | Section Number<br><u>34</u> | Township Number<br>T <u>27</u> S | Range Number<br>R <u>2</u> E <u>1</u> |
|------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|----------------------------------|---------------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

2002 S. Crest

|                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| 2 WATER WELL OWNER: <u>Chls Martinez</u>        | Board of Agriculture, Division of Water Resources |
| RR#, St. Address, Box #: <u>2002 S. Crest</u>   | Application Number:                               |
| City, State, ZIP Code: <u>Wichita KS, 67207</u> |                                                   |

|                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <u>~40</u> ft. ELEVATION: |
|------------------------------------------------------|------------------------------------------------------|

1 Mile

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ~20 ft. below land surface measured on mo/day/yr

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter .... in. to .... ft., and .... in. to .... ft.

WELL WATER TO BE USED AS:

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| 5 Public water supply | 8 Air conditioning | 11 Injection well             |
| 1 Domestic <u>was</u> | 3 Feedlot          | 6 Oil field water supply      |
| 2 Irrigation          | 4 Industrial       | 7 <u>Lawn and garden only</u> |
|                       |                    | 9 Dewatering                  |
|                       |                    | 12 Other (Specify below)      |

Was a chemical/bacteriological sample submitted to Department? Yes ..... No .....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ..... No

|                              |                |                 |                                          |
|------------------------------|----------------|-----------------|------------------------------------------|
| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued ..... Clamped ..... |
|------------------------------|----------------|-----------------|------------------------------------------|

1 Steel

2 PVC

3 RMP (SR)

4 ABS

Blank casing diameter 5 in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.

Casing height above land surface: 4 ft. below in., weight .... lbs./ft. Wall thickness or gauge No. ....

6 Asbestos-Cement

7 Fiberglass

9 Other (specify below)

Welded .....

Threaded .....

|                                         |  |       |                    |
|-----------------------------------------|--|-------|--------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: |  | 7 PVC | 10 Asbestos-cement |
|-----------------------------------------|--|-------|--------------------|

1 Steel

2 Brass

3 Stainless steel

4 Galvanized steel

5 Fiberglass

6 Concrete tile

8 RMP (SR)

9 ABS

11 Other (specify) .....

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

3 Mill slot

4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify) .....

11 None (open hole)

|                              |                           |                           |                           |
|------------------------------|---------------------------|---------------------------|---------------------------|
| SCREEN-PERFORATED INTERVALS: | From .... ft. to .... ft. | From .... ft. to .... ft. | From .... ft. to .... ft. |
| GRAVEL PACK INTERVALS:       | From .... ft. to .... ft. | From .... ft. to .... ft. | From .... ft. to .... ft. |

|                   |               |                       |             |               |
|-------------------|---------------|-----------------------|-------------|---------------|
| 6 GROUT MATERIAL: | 1 Neat cement | <u>2 Cement grout</u> | 3 Bentonite | 4 Other ..... |
|-------------------|---------------|-----------------------|-------------|---------------|

Grout Intervals: From 4 ft. to 6 ft., From .... ft. to .... ft., From .... ft. to .... ft.

What is the nearest source of possible contamination:

|                          |                 |                 |                        |                          |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank            | 4 Lateral lines | 7 Pit privy     | 10 Livestock pens      | 14 Abandoned water well  |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | 11 Fuel storage        | 15 Oil well/Gas well     |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer storage  | 16 Other (specify below) |
|                          |                 |                 | 13 Insecticide storage |                          |

Direction from well? ..... How many feet? .....

| FROM                                                                                                                                                              | TO | LITHOLOGIC LOG | FROM      | TO       | PLUGGING INTERVALS   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|-----------|----------|----------------------|
|                                                                                                                                                                   |    |                | <u>40</u> | <u>6</u> | <u>Sand and clay</u> |
|                                                                                                                                                                   |    |                | <u>6</u>  | <u>4</u> | <u>Cement</u>        |
|                                                                                                                                                                   |    |                | <u>4</u>  | <u>0</u> | <u>backfill</u>      |
| <p>Verbal "Ok" from Don Taylor, Kansas Dept. of Health &amp; Environment to Curtis Redington, Wichita - Sedgwick County Dept. of Community Health, 8-2-94. CR</p> |    |                |           |          |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>7-28-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>8-2-94</u> under the business name of .... by (signature) <u>Chls Martinez</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|